



ILLINOIS ENVIRONMENTAL PROTECTION AGENCY
DIVISION OF AIR POLLUTION CONTROL -- PERMIT SECTION
P.O. BOX 19506
SPRINGFIELD, ILLINOIS 62794-9506

UPS 1288a VR5 01 9015 2274

FOR APPLICANT'S USE

Revision #: _____
Date: ____ / ____ / ____
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Source Designation: _____

FOR AGENCY USE ONLY	
EXCESS EMISSIONS, MONITORING EQUIPMENT DOWNTIME, AND MISCELLANEOUS REPORTING FORM	ID NUMBER: _____
	PERMIT #: _____
	DATE: _____

THIS FORM IS TO BE USED TO REPORT THE FOLLOWING:

- EXCESS EMISSIONS. I.E., THE AMOUNT OF EMISSIONS EXCEEDS THAT OF AN EMISSION STANDARD, PERMIT LIMIT OR OTHER APPLICABLE REQUIREMENT
- DOWNTIME OF EMISSIONS MONITORING OR OTHER COMPLIANCE MONITORING EQUIPMENT IS NOT SPECIFIED IN THE PERMIT
- MISCELLANEOUS INCIDENTS OF POSSIBLE NONCOMPLIANCE TO AN APPLICABLE REQUIREMENT

SOURCE INFORMATION		
1) SOURCE NAME: Advanced Disposal Zion Landfill, Inc.		
2) DATE FORM PREPARED: December 22, 2015	3) SOURCE ID NO. (IF KNOWN): 097200AAV	

GENERAL INFORMATION	
4) INDICATE WHICH OF THE FOLLOWING THIS FORM IS BEING USED TO REPORT:	
<input type="checkbox"/> EXCESS EMISSIONS	
<input type="checkbox"/> DOWNTIME OF EMISSIONS MONITORING OR OTHER COMPLIANCE MONITORING EQUIPMENT NOT SPECIFIED IN THE PERMIT	
<input checked="" type="checkbox"/> MISCELLANEOUS INCIDENT OF POSSIBLE NON COMPLIANCE	
5) PERIOD COVERED BY THIS REPORT:	
FROM: __11__ / __1__ / __15__ TO: __11__ / __30__ / __15__	
6) NAME AND PHONE NUMBER OF PERSON TO CONTACT FOR QUESTIONS REGARDING THIS REPORT:	
NAME: <u>James A. Lewis</u> TITLE: <u>General Manager</u>	
PHONE#: <u>(847) 599-5910</u> EXT: _____	

THIS AGENCY IS AUTHORIZED TO REQUIRE THIS INFORMATION UNDER ILLINOIS REVISED STATUTES, 1991, AS AMENDED 1992, CHAPTER 111 1/2, PAR. 1039.5. DISCLOSURE OF THIS INFORMATION IS REQUIRED UNDER THAT SECTION. FAILURE TO DO SO MAY PREVENT THIS FORM FROM BEING PROCESSED AND COULD RESULT IN THE APPLICATION BEING DENIED. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

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EXCESS EMISSIONS

7) IDENTIFY THE EMISSION UNIT(S) AND ASSOCIATED CONTROL EQUIPMENT WHICH EXCEEDED AN EMISSION STANDARD, PERMIT CONDITION LIMIT, OR OTHER APPLICABLE REQUIREMENT (IF ADDITIONAL SPACE IS NEEDED FOR THIS SECTION, ATTACH AND LABEL AS EXHIBIT 405-1):

N/A – Not Applicable. There were no excess emissions generated.

8) IDENTIFY THE EMISSION STANDARD(S) OR LIMIT(S) THAT WAS EXCEEDED:

N/A

9a) PROVIDE THE TYPE(S) AND AMOUNT(S) OF EMISSIONS THAT OCCURRED DURING THE EXCEEDANCE IN UNITS IDENTICAL TO THAT OF EACH EMISSION STANDARD OR LIMIT THAT WAS EXCEEDED:

N/A

b) ATTACH THE CALCULATIONS, TO THE EXTENT THEY ARE AIR EMISSIONS RELATED, ON WHICH THESE EMISSIONS WERE BASED AND LABEL AS EXHIBIT 405-1.

10) DURATION OF EXCEEDANCE (E.G., 1 HOUR & 50 MINUTES):

N/A

11) DATE OF OCCURRENCE OF EXCEEDANCE:

N/A

12) DESCRIBE THE EXCEEDANCE INCIDENT, INCLUDING THE SUSPECTED OR KNOWN CAUSE OF THE EXCEEDANCE:

N/A

13) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF THE EXCEEDANCE INCIDENT:

N/A

14) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE EXCEEDANCES:

N/A

UNPERMITTED DOWNTIME OF MONITORING EQUIPMENT

15) IDENTIFY THE MONITORING EQUIPMENT WHICH WAS NONFUNCTIONAL, INCLUDING THE MONITORED PARAMETER AND THE EMISSION UNIT(S) AND/OR CONTROL EQUIPMENT BEING MONITORED:

Gaps in continuous open flare flow and/or temperature monitoring records exceeding 15 minutes. See 4.1.2.b.iii.A.V and 4.1.2.c.ii.B.III.2.aa.

16) DATE MONITOR WAS DOWN:

11/11/2015 and 11/17/15 through 11/30/15.

17) DURATION OF MONITOR DOWNTIME (E.G., 1 HOUR & 50 MINUTES):

Multiple erratic max flow readings 11/11/2015 and 11/17/15 through 11/30/15.

18) DESCRIBE THE SUSPECTED OR KNOWN CAUSE OF THE MONITOR FAILURE:

Moisture on probe was causing erratic readings when the flare was not running.

19) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF MONITOR FAILURE:

Probe is being cleaned and adjusted. If it is determined to be faulty, will be replaced.

20) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE FAILURES:

Continue to monitor data and make repairs/adjustments, as needed.

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MISCELLANEOUS INCIDENT	
21) DESCRIBE THE INCIDENT AND IDENTIFY THE EMISSION UNIT(S) AND CONTROL EQUIPMENT INVOLVED:	Due to wellfield maintenance, there was 1 period when the gas system control devices (both flares and all engines) did not operate for more than one hour.
22) PROVIDE THE RULE(S) OR PERMIT CONDITION(S) WHICH MAY HAVE BEEN VIOLATED (IF APPLICABLE):	4.1.2.c.ii.B- Pursuant to 40 CFR 60.755(e), the provisions of 40 CFR 60 Subpart WWW shall apply at all times, except during periods of start-up, shutdown, or malfunction, provided that the duration of start-up, shutdown, or malfunction shall not exceed 5 days for collection systems and shall not exceed 1 hour for treatment or control devices. Report all periods during which the control device was not operating for more than one hour; report duration of each event (40 CFR 60.757(f)(3))
23) DATE OF OCCURRENCE OF THE INCIDENT:	11/11/2015
24) DURATION OF THE INCIDENT (E.G., 1 HOUR & 50 MINUTES):	11/11/2015 13:32 – 15:32 (2 hrs)
25a) PROVIDE THE TYPE AND AMOUNT OF EMISSIONS THAT OCCURRED DURING THE INCIDENT IN UNITS IDENTICAL TO THAT OF EACH EMISSION STANDARD OR LIMIT (IF APPLICABLE):	N/A – There were no emissions exceedances since the control system is designed to automatically shut off the gas flow rate when the control devices are down.
b) ATTACH THE CALCULATIONS, TO THE EXTENT THEY ARE AIR EMISSIONS RELATED, ON WHICH THESE EMISSIONS WERE BASED AND LABEL AS EXHIBIT 405-3.	
26) DESCRIBE THE SUSPECTED OR KNOWN CAUSE OF THE INCIDENT:	11/11/2015- Gas Field Work
27) DESCRIBE CORRECTIVE ACTIONS TAKEN AT THE TIME OF THE INCIDENT:	N/A. The site needs to perform routine wellfield maintenance.
28) DESCRIBE SUBSEQUENT ACTIONS TAKEN TO PREVENT FUTURE INCIDENTS:	N/A. The site needs to perform routine wellfield maintenance.
29) PROVIDE ANY OTHER PERTINENT INFORMATION:	

SIGNATURE BLOCK	
NOTE: THIS CERTIFICATION MUST BE SIGNED BY A RESPONSIBLE OFFICIAL. APPLICATIONS WITHOUT A SIGNED CERTIFICATION WILL BE RETURNED AS INCOMPLETE.	
30) I CERTIFY UNDER PENALTY OF LAW THAT, BASED ON INFORMATION AND BELIEF FORMED AFTER REASONABLE INQUIRY, THE STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE, ACCURATE AND COMPLETE.	
AUTHORIZED SIGNATURE:	
BY:	<i>James A. Lewis</i>
AUTHORIZED SIGNATURE	General Manager
TYPED OR PRINTED NAME OF SIGNATORY	DATE
James A. Lewis	12 / 22 / 15